

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107089252	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		2		1			53	
4		1		1			54	
5		1		1			55	
6				1			56	
7				1			57	
8			1				58	
9							59	
10							60	
11							61	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			2				TOTAL IND.	
TOTAL DEP.			1				TOTAL DEP.	
TOTAL CLAIMS			8				TOTAL CLAIMS	